

# EXHIBT 9

650-FS-L2 60/11 (3/01)

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## MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Edward Thompson in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses      ☐ driving within an exempt intracity zone (49 CFR 391.62)  
☐ wearing hearing aid      ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)  
☐ accompanied by a \_\_\_\_\_ waiver/exemption      ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>Barbara Elliott</u>		TELEPHONE (812) 263-2013	DATE 04/26/04
MEDICAL EXAMINER'S NAME (PRINT) <u>Barbara Elliott</u>		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input checked="" type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE <u>71000103</u> <u>INDIANA</u>			
SIGNATURE OF DRIVER <u>Edward Neal Thompson</u>		DRIVER'S LICENSE NO. <u>4657210</u>	STATE <u>AL</u>
ADDRESS OF DRIVER <u>801 5<sup>th</sup> Ave Geneva AL 36340</u>			
MEDICAL CERTIFICATE EXPIRATION DATE <u>04/26/05</u>			

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER